

**Alaska Council on Domestic Violence and Sexual Assault
Program Participant Information Form**

Program Participant ID: _____

Date of Contact: ____/____/____
MM DD YY

Name _____ or ☐ Anonymous Contact
First Middle Last

Mailing Address _____
Box/Street City State Zip

Contact Phone(s) _____
(Only if safe to use) Cell Home Work Message

Program ID#'s of Participant's Children _____

PROGRAM PARTICIPANT DEMOGRAPHICS

Date of Birth: ____/____/____ or Approximate Age: ____
MM DD YY

Gender: ☐ Female ☐ Male ☐ Other _____

Race/Ethnicity: ☐ American Indian ☐ Native Alaskan ☐ Pacific Islander ☐ Other Race
(select all that apply) /Native Hawaiian
☐ Asian ☐ Black/African ☐ Caucasian/White ☐ Hispanic/Latino ☐ Race is Unknown
American /Not disclosed

SPECIAL CLASSIFICATIONS (Self Reported)

Does the Program Participant Self-Identify as:

Deaf/Hard of Hearing? ☐ Yes ☐ No ☐ Unknown

Homeless? ☐ Yes ☐ No ☐ Unknown

Immigrant/Refugee/Asylum Seeker? ☐ Yes ☐ No ☐ Unknown

LGBTQ? ☐ Yes ☐ No ☐ Unknown

A Veteran? ☐ Yes ☐ No ☐ Unknown

Having a Disability--Cognitive, Mental, or Physical? ☐ Yes ☐ No ☐ Unknown

Having Limited English Proficiency? ☐ Yes ☐ No ☐ Unknown

Other? If so please explain _____ ☐ Yes ☐ No ☐ Unknown

The information contained on this form is protected by state and federal confidentiality laws and cannot be released from Program records without informed written consent of the program participant or a court order. Contact the Program Executive Director or the ANDVSA Legal Advocacy Project before releasing this information.

Completed By: _____ on Date: _____

Reviewed By: _____ on Date: _____